

DO NOT PRINT YOUR LICENSE NUMBER.

While, so far as we know at the time of writing, no rule on the point has been made by the Internal Revenue people, it is announced as being undesirable that physicians print on their prescription blanks the number of the federal license issued under the Harrison law. Blanks with the number printed on, might easily be stolen and a name forged and the prescription taken to some drug store where the signature of the physician is unknown. In all probability, if many physicians do have their number printed on the blanks, a rule will be made to stop it, and so it is just as well not to do what we are advised would be objectionable. The law is a good law and it is working out well and smoothly; we should do everything in our power to help in the administration of a measure that will do more than we ever could to prevent the refilling of dangerous prescriptions and the unlawful sale of what we know better than any other class to be the most dangerous and destructive of drugs. It is not the letter nor the spirit of the law nor the purpose of its administration to hamper, in any way, any physician in the regular and legitimate practice of his profession; it is merely intended to stop the commercialization of drug vice.

HEALTHY GROWTH IN CALIFORNIA.

Every three years, according to the by-laws, the House of Delegates of the A. M. A. appoints a committee on reapportionment, which committee goes over the membership returns of the several state associations and determines the number of delegates which each state shall have for the next succeeding three years. This was the year of reapportionment and the report of the committee made but two changes; California was given one more delegate, so for the next three years we shall have four delegates and not three, as previously. This is indeed a pleasant thing to record, for the effort to strictly scrutinize all applicants for membership in our county units as so strongly recommended by the House of Delegates of the State Society at its last meeting, is being distinctly felt. During the month of June three applicants whose names were sent in to be investigated, were refused membership for good and sufficient reasons. Again let the recommendation be urged, that no county unit elect an applicant to membership until after his name has been sent to the office of the State Society for a report. Unfortunately, all our county units have not adopted this procedure as a routine and so occasionally it is necessary to enroll the name of some person who would never have been elected had the members of the county unit been in possession of the facts in the applicant's history. We have for years been compiling this information, but it is held strictly private; it is never given out except in proper circumstances and to authorized individuals; it is never permitted to be used merely for the purpose of "knocking" anyone.

NARCOTIC DRUGS IN HOSPITAL USE.

The following correspondence with the Acting Commissioner of Internal Revenue clears up a point on which there has been a good deal of discussion and inquiry; that is, how the Harrison law applies to the use of narcotics ordered by the attendant physician for a patient in a hospital:

DR. JAMES H. PARKINSON,
1005 K Street.

May 11th, 1915.

Hon David A. Gates, Acting Commissioner of Internal Revenue, Washington, D. C.

My Dear Sir—My attention was called, to-day, to a ruling of yours in relation to records in hospitals. Enclosed sheet, which is copied from the Uniontown, Pennsylvania, Hospital, has, I believe, met with your approval. I fully realize the difficulties of putting the law into operation and, as far as I can see, the greatest difficulties will arise in connection with hospital administration. I should like a ruling on the following points:

1. Given a case in hospital in which it is necessary to administer sedatives, once or twice or as may be required, directions for same to be entered on the chart. What is the most simple procedure that will be permitted under the law? For your guidance I enclose a chart with the form that I have always followed. Is this permissible? If not, what will be necessary to make it conform with the law?

2. Is the usual business signature of a physician sufficient or must he, as appears to be required, write his name in full?

3. In a case in private practice where a nurse is in charge and where it is necessary to give sedatives hypodermically, I have ordered the hypodermic tube as a prescription and have written the usual directions. These have been modified verbally to the nurse or noted on the chart, according to circumstances. Is this sufficient?

These rulings will be furnished to the local Society and published in the JOURNAL of the State Society, of which I am Councilor for this district.

Respectfully,

(Signed) JAMES H. PARKINSON.

TREASURY DEPARTMENT, WASHINGTON.

Office of Commissioner of Internal Revenue.

In replying refer to

M-n 0614.

Narcotic Laws.

May 26, 1915.

*Dr. James H. Parkinson, 1005 K Street,
Sacramento, Cal.*

Sir—Replying to your letter of May 11th, enclosing a form of record of narcotic drugs you desire to make use of in the Mater Misericordiae Hospital, at Sacramento, Cal., you are advised that this form, provided the total amount of narcotic drug administered to each patient is indicated thereon at the time the patient is discharged and before filing with the pharmacist or other person in charge of the duplicate order forms, meets the approval of this office.

The initials or signature of the physician under whose direction the narcotic drugs are administered